## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT

I. (A) NAME OF ASSIGNEE:

The Government of the United States of America as represented by the Secretary of the Department of Health and Human Services

(B) RESIDENCE: (CITY and STATE)

Rockville, Maryland

II. (A) NAME OF ASSIGNEE:

University of Massachusetts

(B) RESIDENCE: (CITY and STATE)

Boston, Massachusetts

Assignee category: Corporation or other Private Group Entity